Request to Award Credit for Approved Course Utah State Office of Education

Course Title:	CACTUS Course Number:		
Dates of Activity/Class:			
The following educators have: Attended the activity/course Completed the required assignments Received their graded assignments			
Instructor's signature:			
Name	District	Social Security Number	
Name	District	Social Security Number	

Specialist Approving Credit:			
Signature: Date:			